



Notification Form - Report of dangerous gas fitting

Explanatory notes

This form should be used by Gas Safe registered businesses/engineers to report to HSE Guernsey, gas appliances and installations using either Mains Gas (a mixture of liquefied petroleum gas (LPG) and Air (LPG/Air)), or LPG that have been examined or tested and regarded to be dangerous (see **Note**), but have not actually caused any injuries.

Note: To be regarded as 'dangerous' there must be a serious fault in either the design or construction of the gas fitting (including any flueing or ventilation provided for appliances), or in the way the initial installation was carried out or later serviced or modified. The fault must be so serious that people are likely to suffer death, or major injury from the acute effects of carbon monoxide poisoning or the effects of fires or explosions following gas escapes.

PART A

1. What is your full name?

2. What is your job title?

3. What is the name or your organisation?

4. How can we contact you if we need more information? Your address and postcode:

5. Your telephone/fax number

PART B

Some general details

1. When was the dangerous fitting found?

2. What was the address and postcode at which it was found?

3. Was it in a building? no yes

What type of building?

House

Flats (4 storeys)

Flats (4 or more storeys)

bungalow

maisonette

other

What type of room?

Kitchen

Bathroom

Bedroom

Lounge

Dining room

Other room

4. Was the fault repaired at the time?

yes

no

5. If not, was the situation made safe by disconnection, or contact with the Guernsey Gas emergency service centre for them to disconnect?

yes

no

PART C

About the person

1. What was the name of the person living in the premises? (If they can't be contacted, give the name, address & Tel no. of a relative or friend).

2. Are the premises rented?

no

yes – what is the name, address and telephone number of the landlord/managing agents

3. Was the landlord (or the managing agent for the premises) notified about the faults?

yes

no

PART D

About the dangerous gas fitting

1. What was the main fault?

- gas leak inadequate flue
 inadequate ventilation other

2. What type of appliance was involved?

- boiler convector
 instant water heater cooking appliance
 combined fire & boiler other appliance
 warm air heater decorative fire
 Non-decorative fire

3. What type of gas was involved?

- mains gas (LPG/Air) LPG
 other

4. Was the appliance:

- flueless open-flued
 room-sealed other (eg closed-flue)

5. Who last serviced the appliance (if known)?

6. What date was the appliance installed (if known)?

7. Was the appliance bought second hand (if known)?

- no yes Don't know

8. What is the name of the installer (if known)?

9. What is their address and postcode?

10. What is their telephone number?

PART E

Summary of the dangerous gas fitting

Please say how dangerous you consider it to be, and why, and what action you have taken to make things safe by repairing faults at the time, disconnecting the gas supply, or advising occupiers (or the landlord or managing agent for the property) of the faults you are reporting.

PART F

Your signature

Signature

Date

If returning by post/fax, please ensure this form is signed, alternatively, if returning by email, please type your name in the signature box

Where to send form

The Health and Safety Executive, Commerce and Employment Department, PO Box 459, Longue Rue, St. Martins, Guernsey GY1 6AF

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